

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/588132

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
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| 4 | | 1 | | | | |
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| 8 | | 1 | | | | |
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| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
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| 14 | | 1 | | | | |
| 15 | 1 | | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 1 | | | | |
| 20 | | 1 | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | 1 | | | | | |
| 24 | ① | | | | | |
| 25 | ① | | | | | |
| 26 | ① | | | | | |
| 27 | ① | | | | | |
| 28 | ① | | | | | |
| 29 | ① | | | | | |
| 30 | ① | | | | | |
| 31 | ① | | | | | |
| 32 | ① | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
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| TOTAL IND. | 3 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 32 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 35 | | 0 | | 0 | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 0 | | 0 | | 0 | |